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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 12/3/04

TOWNSEND and TOWNSEND and CREW LLP

By: Judith Cots

PATENT
Attorney Docket No.: 021288-000510US
Client Ref. No.: P1036US10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Phil B. Alper, *et al.*

Application No.: 10/608,949

Filed: June 26, 2003

For: 4,7-DISUBSTITUTED INDOLES
AND METHODS OF MAKING

Customer No.: 20350

Confirmation No. 6978

Examiner: Golam M. Shameem

Technology Center/Art Unit: 1626

RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 3, 2004, please enter the following remarks:

Remarks/Arguments begin on page 2 of this paper.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

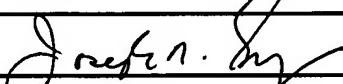
Total Number of Pages in This Submission

Application Number	10/608,949
Filing Date	June 26, 2003
First Named Inventor	Alper, Phil B.
Art Unit	1626
Examiner Name	Golam M. Shameem
Total Number of Pages in This Submission	Attorney Docket Number 021288-000510US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

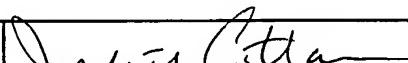
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joseph R. Snyder		
Date	December 3, 2004	Reg. No.	39,381

CERTIFICATE OF TRANSMISSION/MAILING

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Judith Cotham

Date December 3, 2004